

Enhancing the Clinical Supervision Process for Beginning Mental Health Professionals

by

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Reviewing the literature it became apparent I knew little about the supervision process, despite undergoing practicum my previous semester. I assumed I was not the only student who was unfamiliar with the process. So began my journey to understand and desire to teach the pertinent aspects of supervision to other students and young clinicians. Thus I am thankful to Dr. Gifford for her direction, understanding, and support as I took on this project in spite of the delay to our other research efforts.

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Abstract

Using current research, this project discovers and compiles the pertinent information students need to know to successfully utilize supervision. Supervision was established as a field competency after the American Psychological Association's 2002 Multinational Competencies Conference. Since then, the mental health field has made strides in defining, standardizing, and evaluating the process of supervision. Students' awareness and ability to effectively use supervision is still gaining momentum, as the professionals in the field develop an infrastructure to train student development of knowledge, skills, and abilities related to the utilization of supervision. This project's application establishes a supplemental booklet for students in the University of Alaska Fairbanks School of Education's Counseling Program to use throughout supervision in practicum, internship, and as an early career mental health professional. Teaching students about supervision while they are in school sets the foundation for the developing competency of helping skills, delivering of quality client care, and becoming effective supervisors later in their careers.

Keywords: counseling, supervision, professional competencies, practicum, internship

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Enhancing the Clinical Supervision Process for Beginning Mental Health Professionals

Training new professionals is implicit in any career field. Similar to the medical field, the mental health field has relied on current professionals to train the upcoming generation. Formal training occurs through education, graduate programs, and eventually certification and licensure. Clinical supervision also occurs throughout the learning process; specifically in practicum courses, internship placements, and when the new graduate is conceivably hired. Clinical supervision is the principled and contractual relationship in which a supervisor assists the supervisee in reflecting on his or her clinical work with clients (Schofield & Grant, 2013). Its purpose is to assist the supervisee with increasing mindfulness throughout the counseling or psychotherapy process while personal values and beliefs about human nature become infused in the theories and techniques that guide the therapeutic process (Falender & Shafranske, 2013). Understanding the principles and how to utilize the supervisory relationship is important in building professional skills. It ensures the integrity of mental health services the client receives as well as develops the supervisee's competence (Falender & Shafranske, 2013).

Today, the mental health field is implementing standard training and assessments in an effort to ensure mental health providers' acquisition of basic core competencies (Falender & Shafranske, 2012; Kaslow, Falender, & Grus, 2012). Clinical supervision is one of eight core competencies expected of mental health professionals. Identifying standard knowledge, skills, and values provides a foundation for reliably evaluating trainee performance and ensuring best practices are passed to the next generation.

Similarly, supervision is taught and utilized within counseling, psychology, social work, and school counselor education programs. The University of Alaska Fairbanks (UAF) School of Education Counseling Program's graduate students participate in the clinical supervision during

practicum and internships. Upon graduation, new mental health professionals enter the workforce and again are supervised for many hours before being eligible for licensure. Teaching students how to use clinical supervision during practicum and internship can assist in their career development. The research question for this project asks, “What do students need to know to effectively utilize clinical supervision and enhance their educational and training experiences as well as their client care over the course of their careers?” Increasing students’ awareness of the process and how to best utilize supervision can enhance the supervision experience. Ultimately, it prepares students to become effective practitioners and future supervisors later in their careers.

This project creates supervision supplemental material for students to use in the UAF School of Education Counseling Program’s Practicum in Individual Counseling and Internship course requirements. The supplemental material aims to increase student awareness and pique their interest about the concept and process of supervision. The training module provided to students receiving their initial first-hand supervision experience consists of three parts—one for practicum students, one for internship students, and one for early career professionals entering the workforce. The material begins with an introduction to supervision and illustrates why the supervision process is beneficial, specifically to early career clinicians in Alaska. It explains ways to be an active participant in the process, offers evaluation techniques, and provides self-reflection exercises.

Literature Review

Addressing mental health in Alaska is challenging given the diverse, expansive geography, limited access to rural communities, and cross cultural work (Johnson, Brems, Warner, & Roberts, 2006). As a result, the field experiences a high rate of burnout and turnover and, therefore, a steady supply of new clinicians to the profession (Chipp et al., 2011). The

assumption is that after licensure, a clinician is prepared to supervise. Yet, most licensed clinicians are not adequately trained and experienced to be competent supervisors and mentors.

Newly emerging mental health and school counselors yearn to do their job well. However, they can struggle to appropriately ask for help. Student counselors-in-training tend to be unfamiliar with the supervision process and may be inclined to withhold problems, clinical errors, or emotional reactions to a client (Falender & Shafranske, 2012). They do not want to create conflict or appear incompetent (Falender & Shafranske, 2012). Receiving poor supervision can negatively impact supervisees' professional development (Despenser, 2013). Unawareness that poor supervision exists negates the goal to adequately train an upcoming workforce. A way to mitigate the problems along with the varying quality of supervision is through educating the supervisee (Falender, 2014, Pearson, 2004). A basic component of learning how to use supervision involves being exposed to the fundamentals of supervision. Without instruction, students are unfamiliar with how to utilize and fully benefit from the supervisory experience.

The lack of quality trained supervisors in psychology, behavior health, counseling, social work, and school counseling is extensive throughout the field (Coleman, 2003; Milne, Sheikh, Pattison, & Wilkinson, 2011; Pearson, 2004; Wilkerson, 2006). The reality in Alaska is that a clinician might be expected to supervise shortly after becoming licensed. State boards govern counselors, social workers, and psychologists. In the case of Licensed Professional Counselors (LPCs) and Licensed Clinical Social Workers (LCSWs), supervisors must be licensed mental health professionals who are board approved and have acquired six contact hours of continuing education related to supervision to supervise hours of others working towards licensure (Statutes and Regulations: Professional Counselors, 2014; Statutes and Regulations: Social Workers,

2014). Psychologists differ in that the supervisee's supervision plan must be board approved in addition to naming a licensed supervisor experienced in the supervisee's specialty area (Statutes and Regulations: Psychologists and Psychological Associates, 2014).

Supervision for School Counselors

Supervision for a school counselor in Alaska is less governed. School counselors can also enhance client safety, build effectiveness, and benefit their own well-being through clinical supervision (Watcher, Barrio Minton, & Clemens, 2008). School counselors typically have an administrative supervisor within the school system; this type of supervision clearly differs from clinical supervision in that administrative supervision addresses work performance based on the school's mission, policies, and procedures. However, despite the benefits of clinical supervision, only a small number of school counselors participate in it (Watcher et al., 2008). With school counselors encountering issues such as suicide, mental illness, poverty, homelessness, violence, and substance abuse, it is apparent that they need mechanisms to monitor and develop their clinical and conceptual skills (Wilkerson, 2006).

A relatively beneficial option conducive to those working within the school system is peer supervision; peer supervision refers to ongoing formal meetings with one or more peer colleagues to enhance professional skills. Wilkerson (2006) defined peer supervision as:

A structured, supportive process in which counselor colleagues (or trainees), in pairs or in groups, use their professional knowledge and relationship expertise to monitor practice and effectiveness on a regular basis for the purpose of improving specific counseling, conceptualization, and theoretical skills. (p. 62)

Through formal, structured meeting times, defined roles and relationships, and feedback, peer supervision can decrease work stress and enhance career satisfaction (Watcher et al., 2008).

Additionally, peer supervision can address crisis-specific supervision when peers within the same school district follow the same policies, access the same resources, and prepare to address or experience similar crises (Watcher et al., 2008). Knowledge and skills can be shared amongst the group members, building the knowledge base to address similar district challenges (Watcher et al., 2008).

Peer supervision differs from clinical supervision in that it is lacking the hierarchical relationship between professionals and formal evaluations of the participants (Wilkerson, 2006). These differences notably suggest that peer supervision may be more relaxed, informal, and feel less threatening (Wilkerson, 2006). Similar ability levels amongst peers may make it easier to discuss challenges and difficulties (Wilkerson, 2006). However, peer supervision models provide structure, value case presentations, and incorporate goal setting and evaluation to enhance skill development.

A few structured peer supervision methods useful to school and community counselors include the P-SAEF, triadic, and dyadic methods (Watcher et al., 2008; Wilkerson, 2006). The P-SAEF method is a crisis-specific supervision model. Steps include Preparation and training, Safety of client, Affective support for the supervisee, Evaluation and walkthrough, and Follow-up planning.

The triadic method rotates participants through the different roles of supervisee, commentator, and facilitator (Wilkerson, 2006). As the supervisee, the person reviews recorded client sessions and identifies specific goals for the supervision session. As the commentator, the person watches and critiques the recorded client sessions while providing feedback to the supervisee. As the facilitator, the person assists by summarizing, directing, and making observations.

Finally, the dyadic model establishes a clear session-by-session structure for participants (Wilkerson, 2006). The first session focuses on background information and setting goals. Six sessions follow focusing on oral and recorded case presentations with the two school counselors alternating between supervisor and supervisee roles. Throughout the remaining sessions participants discuss professional skills, theories, and issues. Evaluation occurs during a middle session to allow for any modifications that should be made. The entire experience is evaluated amongst peer participants in the final session.

Preparing students for supervision and educating them on the stages of supervision may facilitate their learning by helping them know what to expect and how to manage an ideal—or a less than ideal—supervisory experience. Supervision is an experience important in becoming a competent professional. Supervision is the major means through which clinical skills and the foundations of the helping profession are transmitted to students, trainees, and supervisees throughout their professional development (Falender & Shafranske, 2012). Informing students that lack of formal supervisory training occurs increases student awareness so they can benefit, rather than suffer, when problems arise (Pearson, 2004).

Setting the Foundation for Future Supervisors in Alaska

Professional competence starts with training and progresses throughout a career (Leigh et al., 2007). Increased awareness is the starting point to becoming a qualified mental health professional and future supervisor. Training in effective clinical supervision is essential for budding clinicians to develop the supervisory alliance. Due to education and work experience, supervisors are implicitly more competent than their supervisees. If licensed professionals are responsible for training future clinicians, the assumption is that the clinician is a competent supervisor and mentor. However, few supervisors report that they have received training and

rather rely on their own experience (Falender & Shafranske, 2012). Falender and Shafranske (2007) state that clinical supervision requires a foundation in education, training, and continuous self-assessment, yet is lacking in graduate education.

While professional development resources exist to support supervisors, there are few resources currently available to assist practicum students and interns in becoming competent supervisees (Falender & Shafranske, 2012). The clinical supervision supplemental material prepared will strengthen students in the program. In turn, it strengthens the program because of the quality of output it is providing to the community both in the community mental health and school settings as well as forming the foundation for these professionals to be future supervisors.

Developmental Stages of the Supervisee

Numerous developmental theories of supervision exist. The Integrated Developmental Model (IDM) proposes structures that track supervisee development throughout the supervisory process (McNeill, Stoltenberg, & Romans, 1992). As supervisees proceed through supervision, they will notice changes in the IDM's three structures of development: 1) self and others, 2) motivation, and 3) dependency and autonomy. The IDM aligns well with the practicum, internship, and early career training supervisees receive. Throughout supervision, the environment and instruction is tailored to accommodate the supervisee's level of development in regards to the three structures comprising the IDM.

In the first stage, practicum, supervisees have very limited experience and knowledge of their roles as mental health professionals. They tend to depend on the supervisor for advice and direction, while at the same time experience confusion about the purpose of supervision (Hura, Yamokoski-Maynhart, & Prieto, 2008). Supervisees are overly focused on and hypersensitive to their behavior and anxiety when they are working with clients, rather than maintaining focus on

and awareness of the client's process. Practicum students are highly motivated to become effective counselors, despite their lack of experience to understand the role of the counselor and the process of counseling (McNeill et al., 1992). As a result, evaluation and feedback can be difficult to receive.

In stage two during internship, the supervisee's focus shifts from himself or herself to the client. With more clinical experience, the supervisees have increased confidence and self-efficacy (Hura et al., 2008). The developmental shift allows for increased empathy and focus on the client. However, it is common for the supervisees to feel confused or experience emotional turmoil because they want to be seen as independent decision makers and evaluate their own work (Hura et al., 2008). Conflict exists as the supervisee struggles between dependency on the supervisor and autonomy (McNeill et al., 1992). Supervisees at this level seek approval while wanting to limit feedback on the skills that require improvement because they want to be considered good clinicians.

During the third stage, graduated and employed supervisees are functioning more independently and with a higher level of confidence. They have a balanced focus on self and others, both in supervision and in clinical sessions (Hura et al., 2008). They again have high motivation based on better comprehension of the counseling process, complexities, and limitations (McNeill et al., 1992). The supervisees' personal counseling styles emerge as they feel a sense of commitment to the profession and service to the clients (Hura et al., 2008).

Similarly, supervisors experience developmental shifts when they transition from a clinician to a supervisor (Falender, 2007). Initially, they treat the supervisory alliance as a unidirectional relationship essentially telling the supervisee what to do. This type of experience can increase a supervisee's, especially a beginning supervisee's, feelings of anxiety and

inadequacy (Falender, 2007). Another way supervisors may relate to the supervisee is to engage with him or her similar to a client. This is not supervision and does not tend to the supervisee's skill development. The power differential that is implicit in the supervisory relationship complicates beginning supervisees' abilities to address these two tendencies (Falender, 2007).

An effective, mature supervisor will give credence to the bidirectional relationship that can exist in supervision (Falender, 2007). Together, supervisors and supervisees can create an environment in which they can learn from each other. Supervisors strategize how they, as educators, can give priority to supervisees' developmental needs while encouraging supervisees to effectively use supervision they gain experience and confidence.

Supervisory Alliance

Regardless of the supervisee's stage of development, the supervisory alliance is the foundation of the supervision experience. A quality supervisory alliance offers warmth, respect, understanding, and trust (Clarke, 1998; Falender & Shafranske, 2013). It requires a balance between structure and freedom, listening and intervening, giving and taking, and encouraging and confronting (Clarke, 1998). The skills necessary for a minimally competent supervisor include the capacity to build and sustain this supervisory alliance (Kaslow, 2004).

It is important for the supervisee to know the supervisor's responsibilities and the essential supervisee qualities required for establishing a sound supervisory alliance. The skills demonstrated in supervision allow each participant to monitor performance, maintain perspective, and enhance learning and skill development. Additionally, supervision plays an essential role in developing and evaluating students' metacompetence—the capacity to self-assess abilities and identify areas needing improvement. Quality supervision nurtures self-awareness, self-reflection, and self-assessment, and it provides the opportunity for growth

through introspection. Self-awareness gained in supervision assists in the development of the therapeutic alliance (Daniel, Roysircar, Abeles, & Boyd, 2004).

Good supervision provides an environment for a student to grow, explore, define boundaries, and experiment (Despenser, 2013). The supervisee is more likely to explore aspects of his or her identity with an open and affirming supervisory relationship (Bieschke, Blasko, & Woodhouse, 2014). Supervision becomes the place in which a supervisee can work through the challenges of the working alliance (Falender & Shafranske, 2013).

Additionally, supervision can provide early recognition and response to countertransference and vicarious trauma (Harrison & Westwood, 2009). The supervisory alliance is an important factor in both learning and managing countertransference, as well as a protective factor against vicarious trauma (Harrison & Westwood, 2009). As a result, it can protect supervisees from early burnout and consequential damage to themselves and the client (Harrison & Westwood, 2009). Ultimately, supervision should be a restorative process that results in growth.

Indirect benefits of a successful supervisory alliance often translate to successful working alliances and treatment outcomes (Falender & Shafranske, 2013). Self-awareness gained in supervision assists the supervisee's ability to develop the working alliance with clients (Daniel et al., 2004). Therefore, the client also indirectly benefits from competent supervision (Schofield & Grant, 2013). Finally, work-based supervision after graduate school is important to sustaining counselor well-being. Having a trusted, quality, knowledgeable supervisor or peer supervisors is one valuable means of self-care (Schofield & Grant, 2013).

Supervision Contract, Evaluation, and Feedback

At the beginning of the supervisory alliance, a supervisory contract is often established to objectively measure the supervisee's growth (Falender & Shafranske, 2013). The contract includes mutually agreed-upon goals, provides a mechanism for regular feedback, and establishes a method for resolving potential problems or communication. Through the process, supervisees are strongly encouraged to identify feelings about their clients that could interfere with services (Falender & Shafranske, 2013; National Association of Social Workers [NASW], 2013). Establishing these objectives allows the supervisor and supervisee to attend to performance requirements specific to building the supervisee's clinical skills as well as modifying supervision to target development of the supervisee's individual competencies. Precise feedback and learning strategies can reinforce the supervisee's strengths while developing clinical knowledge that may be lacking (Falender & Shafranske, 2013).

Shortly after agreed upon goals, the supervisee begins to provide services to clients relying upon coursework and experience. Supervision of the clinical work then begins, ensuring client care while encouraging the supervisee to learn through reflection and experimentation. Overall, supervisors are responsible for determining the supervisee's abilities with respect to addressing the client's needs (Falender & Shafranske, 2013; Kaslow, 2004).

Equally important is the supervisee's awareness of how to respond to and receive feedback. When effective, supervision allows the supervisee to non-judgmentally examine his or her own work so as to gain insight rather than become defensive. It establishes mechanisms for supervisees to feel safe to disclose such concerns. In addition, effective supervision establishes mechanisms for the supervisee to provide feedback to the supervisor. On the other hand, the

supervisee should take notice if feedback is not provided as well as have strategies to address the situation if they do not agree with the feedback.

Cultural Awareness

Like therapy, supervision is multicultural. Supervision takes place within the context of diversity and social and political systems. Supervisors and supervisees need to be cognizant of the cultural similarities and differences between one another and the client. The supervisor, supervisee, and client are each at a unique point along his or her own personal identity development (Bieschke et al., 2014). Viewing diversity as the norm strengthens the awareness of similarities and differences between the supervisee, supervisor, and client (American Psychological Association [APA], 2010).

Competent supervisors attend to many cultural dimensions of supervisees, oneself, and clients. These dimensions include age, gender, sexual orientation, gender identity, race, ethnicity, national origin, religion, disability, language, and socio-economic status. The goal is to train supervisees to work effectively with multicultural clients, even those individuals whose worldviews, values, and beliefs are in opposition (Bieschke et al., 2014). Supervisors should be able to communicate information about diverse client groups and help supervisees use culturally appropriate clinical approaches, skills, and techniques (NASW, 2013). Similarly, the supervisor should develop an awareness and understanding of the supervisee's cultural background and recognize the supervisee's cultural identity development (NASW, 2013).

Consideration should be given to oppression, privilege, and the impact it can have on the power differential in the supervisor-supervisee or therapist-client relationship (APA, 2010). It is beneficial to acknowledge and strive for personal cultural awareness because bias, prejudice, and stereotyping exist. Attention given to transference and countertransference can help supervisees

identify and correlate their biases experienced with either the client or supervisor (Chin, Petersen, Nan, & Nicholls, 2014). Furthermore, psychotherapy is value-based—not value-neutral—and it is influenced by personal values (Falender & Shafranske, 2013).

Supervisors can build supervisees' multicultural competency by exploring and identifying cultural factors relevant to their work. Enhancing self-knowledge includes understanding historical and current cultural circumstances (Butler-Byrd, 2010). A supervisor's support, as supervisees gain awareness, can help resolve conflict between a supervisee's values and clients' treatment (Bieschke et al., 2014). It can be seen as a process in which behavior is realigned with the reprioritization of values and beliefs. Together, the ability of supervisors and supervisees to explore and critically think about dilemmas that emerge will enhance their cultural identity development (Bieschke et al., 2014).

Multicultural considerations pertaining specifically to Alaska include understanding the history and trauma experienced by Alaska Native people. Comprehending cultural aspects including acculturation, healing practices, spirituality, and traditionalism important to their culture is also pertinent to assessment and treatment (Trimble & King, 2014). Oppression, racism, and mistreatment have occurred and affected this population. Inevitably, these experiences influence the supervisory and therapeutic alliances involving Alaska Native peoples (Trimble & King, 2014). Supervisors can encourage supervisees' exploration of difficult topics surrounding interactions with the Alaska Native population especially if a supervisee is experiencing paralysis of thought, emotion, or behavior when encountering cultural differences in their work.

Ethical Considerations

Ethical considerations are another basic component of competent supervision. The American Counseling Association, American Psychological Association, and American School Counselor Association, all have sections in their respective code of ethics devoted to supervision. Additionally, Alaska state statutes and regulations for counselors, psychologists, and social workers also refer back to each specialty's codes regarding ethical use of supervision (Statutes and Regulations: Professional Counselors, 2014; Statutes and Regulations: Psychologists and Psychological Associates, 2014; Statutes and Regulations: Social Workers, 2014).

Supervisors should remain competent, up-to-date on evidence-based practices, and continue to build skills through ongoing continuing education (American Counseling Association [ACA], 2014; APA, 2010; American School Counselors Association, 2010; & NASW, 2013). Supervisors should also be aware of their personal limitations, only supervise within their competency, and refer supervisees to another qualified supervisor if necessary (ACA, 2014; APA, 2010; & NASW, 2013). As a therapist or supervisor, it is a personal responsibility to self-evaluate and assess whether or not one has the abilities to become an adequate supervisor.

A good supervisor knows and identifies the difference between professional ethics, core values, and personal moral beliefs (NASW, 2013). Consequently, a supervisor can use the supervisory relationship as a decision-making exercise to help a supervisee distinguish between these elements if necessary. Together they can explore means to achieve fairness, justice, and respect towards others and evaluate its effectiveness after implementation (NASW, 2013). If a supervisee makes and discloses an ethical mistake, together they can try to rectify any damage and learn how to avoid the mistake in the future. If appropriate or required, violations may be reported to licensing boards.

Legal Considerations

Finally, legal considerations should be addressed in supervision. Although supervisors do not offer direct services, they indirectly affect the level of services provided and can be held liable for negligent supervision as related to the supervisee's actions in sessions with clients (Falender & Shafranske, 2013). In short, the supervisor is loaning his or her license to the supervisee.

There are a variety of levels to informed consent in a supervisory situation (Falender & Shafranske, 2013). First, the client consents to treatment by the supervisee and the supervisor will oversee the case. Second, the supervisor and supervisee consent to the supervisory relationship and its responsibilities. Third, the organization consents to comply with clinical, ethical, and legal components of supervision. Fourth, the client is informed that their counselor is in training and of the licensed supervisor's name. Finally, the client must consent to the fact that his or her confidential information will be shared in the supervisory process.

Confidentiality surrounding the supervisee varies legally state by state and is dependent on the professional status of the supervisee (Falender & Shafranske, 2013). Supervisees have the responsibility to communicate to clients during the initial session that personal information and any videotaping that takes place is shared in a supervisory relationship (NASW, 2013). Supervisors must ensure confidentiality of client information except when mandated by law. Ultimately, it is the clients' confidentiality that is respected.

Complicating Factors

A variety of factors, such as power differentials, transference and countertransference, blurred boundaries, reciprocal anxiety, and role ambiguity can all negatively affect the supervisory alliance. As a supervisee, learning to identify and manage such situations is

necessary. Likewise, supervisors also share this responsibility.

Role separation. The transition from becoming a skilled clinician to a quality supervisor is significant and multifaceted. Many supervisory skills are not taught in graduate and internship training programs, but rather left to minimally required continuing education credits and personal experience. One example of a deficient skill is the inability to distinguish between fulfilling the role of supervisor, counselor, or teacher. Supervision is not therapy and not all clinicians have the ability to separate the supervisor role from the clinician role; the supervisor should not fall into the role of the supervisee's therapist (Falender & Shafranske, 2013). Additionally, supervisors must possess the ability to teach and translate scientific findings into practice; being a good supervisor does not imply the ability to teach. Therefore, it is recommended that different roles be monitored, as excess in any role could result in inadequate or unethical supervision (Falender & Shafranske, 2013).

Countertransference. All supervisees and counselors experience countertransference—the emotional, cognitive, and behavioral responses to clients rooted in a supervisee's experiences and unresolved issues (Falender & Shafranske, 2013; Ponton & Sauerheber, 2014). Identifying and distinguishing between harmful and useful emotions is a learned skill to manage countertransference (CT) as it occurs. Behavior can result from feelings such as boredom, hatred, sexual attraction, or love towards a client. Supervision can provide the environment and facilitate the process to explore the nature of countertransference (Falender & Shafranske, 2013; Ponton & Sauerheber, 2014).

Through a supportive supervisory alliance, self-reflection, and at times personal therapy a supervisee can identify the “soft spots” or sensitive areas vulnerable to CT (Ponton & Sauerheber, 2014). Soft spots interfere with clients' here-and-now therapeutic work as well as

hinder the supervisees' professional growth and development (Ponton & Sauerheber, 2014).

Increasing awareness is the first step towards affectively, cognitively, and behaviorally managing CT reactions that pose risk to the therapeutic results (Ponton & Sauerheber, 2014).

Honing CT skills in supervision occurs when a mutual decision is made between the supervisee and supervisor to be authentic and openly discuss the supervisee's vulnerabilities (Ponton & Sauerheber, 2014). On the other hand, some supervisors are not equipped to support CT exploration due to lack of training, tools, and/or willingness and commitment (Ponton & Sauerheber, 2014). Through supervision, supervisees can develop awareness and address the feelings that arise as reactions to a client. Ultimately, CT work in supervision can normalize the experience, promote empathy, and allow the supervisee to gain cognitive control to areas of susceptibility (Ponton & Sauerheber, 2014).

Boundaries. Similar ethical standards regarding social, familial, and romantic relationships are strictly avoided in both supervisory and therapeutic relationships. The supervisory relationship is a forum in which supervisees can learn about and discuss boundaries with the client (NASW, 2013). If the supervision process brings up personal issues for the supervisee, the supervisee can be referred to counseling to avoid the supervisor crossing the boundary from supervisor to counselor.

Parallel processes. A parallel process occurs when dynamics of the therapeutic relationship between the client and therapist/supervisee are simulated and reflected in the supervisory alliance (Falender & Shafranske, 2013). Complicating factors can compound parallel processes. When they occur, they have the potential to affect both dyads and all three participants into a counterproductive cycle that strains both the working and supervisory alliance. However, with the establishment of a strong foundation, supervisees and supervisors will be able

to more quickly explore, identify, examine, and work through the variety of complex issues related to the parallel process (Falender & Shafranske, 2013).

Conflict resolution. Helpful supervisors normalize supervisees' anxieties, disclose their anxieties, support feelings of uncertainty, and encourage supervisees to take risks (Nelson, Barnes, Evans, & Triggiano, 2008). When the supervisor confronts conflict or tension well, the supervisee is provided with an opportunity for growth and experience how to manage similar situations with clients (Nelson et al., 2008). Conflict can be beneficial to clarify and improve relationships as well as build self-efficacy (Nelson et al., 2008).

However, little guidance is given as to how to address and work through conflict (Nelson et al., 2008). It is through experience and wisdom that professionals navigate tough circumstances. Again, the supervisory alliance and trust sets the foundation for conflict resolution. Trust is earned with supervisors are warm and genuine. Reciprocally, trust is earned with supervisees as they accept their strengths and weaknesses (Nelson et al., 2008).

Nelson, Barnes, Evans, and Triggiano (2008) identify common strategies used amongst supervisors in the field. Supervisors frequently refer to the supervisee's developmental level when conflict arises. Due to the circumstances—being a supervisee—supervisors are prepared for encountering such interpersonal conflict and empathize with the young clinician's needs. Additionally, supervisors mentally work through conflicts under these circumstances rather than make them personal, as they are part of the learning process (Nelson et al., 2008). Interpersonal strategies employed by supervisors to address conflict include, owning responsibility of their role, as well as possessing the ability and experience to interpret transference and countertransference while working toward a resolution (Nelson et al., 2008). Behavioral

techniques to manage conflict in supervision include training supervisees in problem solving, modeling appropriate behavior, humor, and consultation (Nelson et al., 2008).

Effective versus Ineffective Supervision

In addition to establishing the components of a sound supervisory alliance and contract, understanding multiple roles and boundaries, and ethical and legal considerations, there are qualities that make supervision effective. Effective supervisors have common knowledge, skills, and values that attribute to their success. Competent supervisors have the skills to teach, translate scientific findings into practice, perform and balance multiple roles, evaluate and assess the supervisee's growth and weaknesses, and self-assess (Kaslow, 2004).

Acquiring supervision competencies is a life-long and developmental process (Falender et al., 2004). Well-trained supervisors have completed coursework to develop their skills and have received supervision of their supervision including observation and feedback (Falender et al., 2004). They are knowledgeable in the area they are supervising; supervision models, theories and research; supervisee development stages; ethical and legal considerations pertaining to supervision; evaluation processes and outcomes; and all forms of diversity (Falender et al., 2004). They acquire skills to build and sustain the supervisory relationship and alliance, assess and adapt training to the developmental level of the supervisee, provide useful feedback and use the supervisee's feedback, promote the supervisee's growth and nurture self-assessment, and assess their own skills (Falender et al., 2004). They possess and value respect, support, self-efficacy, and ethics. They are sensitive to multicultural diversity, responsible for the client and supervisee, committed to lifelong learning and professional and personal growth, and recognize one's limitations (Falender et al., 2004).

Supervisors are in a professional role and their actions and advice influence and direct supervisees' thinking and behavior. Effective supervisors create environments conducive to learning and they model professional behavior. They understand that training is influenced by professional and personal factors, and they recognize self and peer assessment occur across the multiple levels of supervisory development (Falendar et al., 2004). They train supervisees to respond to conflict, threats, harassment, and handle assaults and any accompanying emotional aftermath (NASW, 2013). They are a good resource and model of non-violent responses and appropriate ways to handle crises. Good supervisors coordinate with other professionals if a supervisee is exhibiting performance problems, the supervisory relationship is strained, or the supervisor seeks a different perspective (APA, 2014).

Qualities of a good supervisor include empathy, respect, genuineness, concreteness, and self-disclosure. Effective supervisors are self-aware, tolerant, interested, and value teamwork (Falender & Shafranske, 2004). To reiterate, skilled supervisors create a working alliance that has agreed upon goals and tasks and is an emotional bond built on trust, respect, care, and minimal role conflict and ambiguity.

Consequently, supervisors have qualities they also appreciate in supervisees. The ideal trainee is an empathetic, caring, sensitive, and bright individual who then learns specific counseling competencies (Falender & Shafranske, 2013). Supervisors prefer students who, in addition to attending to their work relationships, are aware of their emotional responses to clients and are flexible in their therapeutic approaches while adhering to the field's ethical codes (Falender & Shafranske, 2013).

Ineffective clinical supervision exists although it is not often acknowledged. Schofield and Grant (2013) summarize that poor supervisory experiences have a negative impact on

supervisees. If it negatively affects the supervisee, it has the potential to negatively impact the client. Therefore, it is important for supervisees to be aware of ineffective supervision.

Poor supervision consists of lack of respect, dishonesty, or degree of discomfort—perhaps due to cultural issues—between the supervisor and supervisee (Butler-Byrd, 2010; Dispenser, 2013). There could be a lack of clear goals or communication difficulties. Countertransference may occur and learning to manage personal reactivity in supervision is a notable skill.

Ineffective supervision has identified patterns. It happens when there is a problem with organizational or administrative aspects, technical and cognitive miscommunications, and relational difficulties (Falender & Shafranske, 2013). Supervisors are often stretched to the limit on time and competencies. They may lack the time needed to invest in quality supervision, be inept to adequately train supervisees, prioritize their personal interests, or be distracted (Falender & Shafranske, 2013). They may have an unhelpful laissez-faire or authoritarian supervision style. Ineffective supervisors confuse boundaries in an attempt to be friendly, confide in a supervisee, or use supervision as their own sounding board instead of developing an appropriate consultation type relationship with a peer (Falender & Shafranske, 2013).

In Alaska, frequent turnover and vacant positions require existing clinicians to assume leadership positions early on in their careers. Some lack appropriate credentials, experience, coursework, or competency to offer quality supervision. Understanding ineffective supervision can begin to counteract the problem.

Nonetheless, supervisees contribute to the quality of supervision, too. Student counselors-in-training tend to be unfamiliar with the supervision process and may be inclined to withhold or hide problems (Falender & Shafranske, 2013; Nelson et al., 2008). They can

struggle to appropriately ask for help due to the desire to discourage conflict or appear incompetent (Falender & Shafranske, 2013; Nelson et al., 2008).

Not surprisingly, supervisees prefer supervisors to identify and address conflicts that may arise. However, if both parties have agreed upon systematic methods to address issues before they occur, they can preempt unnecessary complications and frustrations. Together, supervisees and supervisors can approach conflicts less defensively and more collaboratively, if goals and resolution processes are agreed upon in the beginning (Falender & Shafranske, 2013; Nelson et al., 2008).

Benefits of Ineffective Supervision

Receiving poor supervision can undermine and erode supervisee confidence and competence (Dispenser, 2013). However, poor supervision occurs in every profession and every environment where there is hierarchy (Williams-Nicholson, 2004). People often leave supervisors rather than the job itself. It is a good idea to realize that ineffective supervision is common and a reality. Encountering a poor supervisor can be a valuable learning experience. It is challenging to think independently, evaluate ethical standards, and effectively confront someone in a position of power. Managing the challenges of ineffective supervision can contribute to the development of becoming a better person and more competent mental health professional (Williams-Nicholson, 2004).

Theoretical foundation may influence the value placed in a supervisor. For example, a behaviorist will appreciate a supervisor who provides clear tasks, whereas a psychodynamic trained therapist values a warm, supportive, and friendly supervisor (Falender & Shafranske, 2013). It is easier to resolve conflicts regarding style of supervision as opposed to conflicts over theoretical orientation and therapeutic approaches (Falender & Shafranske, 2013). The most

difficult conflicts to rectify are those pertaining to personality conflicts (Falender & Shafranske, 2013).

Informing and training supervisees to cope with poor supervision can allow success when problems arise. With identifiable needs and goals, outside consultation, and managed stress, the experience can strengthen the supervisee. Finally, student awareness of the benefits of quality supervision can identify when supervision needs to be improved.

Application

Knowledge of supervision includes awareness, current research, evaluation procedures and outcome measurement, cultural diversity considerations, and ethics and legal issues specific to supervision (Kaslow, 2004). A supplemental workbook given to students entering practicum to use through the few months following graduation demystifies the supervision experience (Appendix A). The content of the booklet created as part of this project focuses on supervision with the goal of enhancing client welfare and building therapeutic skills.

The supplemental material illustrates that the focus of supervision is dependent on the supervisee's needs, which may include skills training; clinical, professional, or ethical reflection; mentoring or personal support (Schofield & Grant, 2013). It begins with a pre-test on the first page, evaluating the supervisee's current knowledge, skills, and abilities pertaining to supervision. Self-awareness exercises on a variety of topics are interspersed throughout the booklet. Sidebars highlight definitions and relevant tips on how to be an active participant in the process. A post-test at the end of the booklet offers a comparison self-assessment to use upon graduation and entering the workforce.

The booklet defines supervision and continues to describe the supervisory process and the developmental stages through which an early career counselor progresses—from practicum,

internship, and early career to the final steps towards school counselor certification or licensure. Similarities and differences of clinical versus peer supervision are discussed. In the end, it is recommended that counselors continue to seek supervision or consultation after graduation.

Throughout the booklet, the supervisee is reminded about the supervisory process and its direct benefits when used appropriately. Specific benefits include early identification of VT symptoms, skill development and enhancement, and strategies for handling ineffective supervision if it occurs. In summary, it sets the foundation for supervisees to utilize supervisors effectively and in turn, contribute to becoming competent supervisors in the future.

Conclusion

The mental health field needs competent professionals to succeed in effectively treating clients. An intensive, interpersonally focused relationship between the supervisor and the supervisee facilitates the development of therapeutic competence in the supervisee (Bernard & Goodyear, 1992). Although supervisor competency is assumed, little attention has been given to the definition, assessment, or evaluation of supervisor competence (Bernard & Goodyear, 2014; Falender & Shafranske, 2013). Mental health professionals adhere to ethical codes of conduct stating professional responsibility for practicing within qualified and competent areas, continuing education, monitoring effectiveness, supervision, training, and teaching.

Training students to use clinical supervision during practicum and internship can assist in their career development. Formally introducing the topic of supervision to graduate students in the required practical training courses assists in this charge. Additionally, introducing the concept of peer supervision, specifically to school counseling students, can prepare them for developing a network of support when working in the field (Watcher et al., 2008; Wilkerson,

2006). Increasing awareness early in a career creates a foundation to develop and enhance professional competencies over the course of a career.

The supplemental material included as part of this project eliminates the assumption that students understand the concept, purpose, and use of the supervision process. It provides a reference for future supervisory experiences as well as sets a foundation for supervision training in the future. Ultimately, the material demystifies the supervision process by providing an overview of the topic, its importance, and strategies that target the preparation and evaluation of one's formative supervisory experiences.

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The background of the cover features a textured, light beige surface. In the center, there is a faint, stylized illustration of a mountain range. On the right side, a dark, thin branch with small, round buds or flowers extends diagonally upwards.

Succeeding in Supervision

Adie Callahan
Valerie Gifford
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Joni Simpson

Pre-test

Directions: This pre-test serves as an introduction to pertinent supervision topics. It will help you identify your current competencies related to engaging in supervision. Rate yourself from 1-7 on the following statements in regards to supervision. You will have a chance to take a post-test answering these same items once you complete the booklet in order to assess your growth.

1 = Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree,
4 = Neutral, 5 = Somewhat Agree, 6 = Agree, 7 = Strongly Agree

- _____ I can identify the basic counseling skills.
- _____ I can articulate what I want and expect from the supervision process.
- _____ I am receptive to feedback.
- _____ I am comfortable addressing conflict.
- _____ I can clearly conceptualize and present cases to my supervisor.
- _____ I am aware of how my participation in supervision affects clients' work.
- _____ I am aware of my cultural identity and how it influences my work as a counselor.
- _____ I am aware of my strengths and the areas in which I need to grow.
- _____ I take the time necessary to restore myself when I am feeling drained.
- _____ I can see myself as a future supervisor.

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Introduction

You care about people. You are a great listener. You know the theoretical foundations. You can recite and are ready to improve your basic counseling skills.

This booklet gives you tools to successfully use supervision—perhaps the most valuable teaching tool in our profession. You will be guided through the supervision process, from practicum to internship. Through the process you will learn to apply the knowledge and skills you have gained through your coursework and begin to blend it with who you are as a person to become an effective counselor.

Supervision as defined by you.

To prepare for your supervision experience, take a few moments to write down your ideas about of supervision and your ideas about its purpose. Also, write down the personal attributes you have that will allow you to benefit from supervision (e.g. receptive to feedback, punctual, caring, etc.). Keep in mind, there is no wrong answer.

The Basics of Supervision

The objective of supervision is to utilize the supervisory relationship to evaluate and enhance the supervisee's professional knowledge, skills, and attitudes to serve the client (Falender & Shafranske, 2012; Kaslow, 2004).

You will enter the supervisory process as a novice counselor-in-training. You will feel a bit self-conscious while learning to analyze problems and implement identified interventions. It will be tricky in the beginning to recognize patterns and weed out the unimportant details.

Through practicum and internship, you will progress to an intermediate level. You will begin to become familiar with case conceptualization as you learn to identify recurring patterns and select appropriate interventions based on theory, application, and culture. You will still need support and guidance as new situations arise. However, you will learn to research best practice methods, consult with others, and search the literature when you encounter difficult cases.

As an early-career counselor entering the workforce, you will incorporate your personal attributes into your work as an essential piece of the client's healing and change process. You will take

Skills progression during supervision

Level I

As a counselor-in-training, you will feel anxious and dependent as you test new skills. You will benefit from highly structured supervision sessions focusing on basic counseling and process skill development, such as attending, empathy, clarification, confrontation, paraphrasing, and summarizing.

Level II

As an intern, you move between dependence and autonomy. You will focus on honing your conceptualization skills and begin thinking like a counselor. You will begin to experience success with facilitating the affective experience and expression of your clients.

the learned scientific aspects of the profession and integrate them in a way that reflects your genuine and authentic self, the art of counseling. Ultimately you emerge a proficient counselor, ready to pursue licensure or a position as a school counselor, and eventually train the upcoming workforce by becoming a supervisor yourself.

The Supervision Process

Shortly after you begin supervision you will provide services to clients while incorporating your coursework and experience. Supervision of your clinical work ensures client welfare and cultivates your learning through reflection and experimentation. Effective supervision allows you to non-judgmentally examine your work while your supervisor assesses your abilities with respect to the client's needs. Equally important is your receptivity and response to feedback, as well as your willingness to give feedback to your supervisor and peers.

Be mindful that your supervisor is loaning you his or her license. Supervisors are not only liable for their supervision, they are legally responsible for your actions in counseling sessions! Prioritize topics to discuss at the beginning of a supervision session. Your highest priorities are crisis situations, concerns about client welfare, and ethical dilemmas.

Level III

After graduating, while working for your employer, you will have increased autonomy, creativity, and confidence. Supervision will focus on client care while you begin to form your own identity as a professional counselor. You will need to continue developing your self-awareness and practice self-care.

Always

Throughout your career, you will continuously be honing your counseling skills, learning new interventions, developing new specialty areas, and adhering to ethical standards and professional behaviors. It is recommended that you continue to seek guidance from supervision, consultation, or peer supervision.

Note: You should have your supervisor's contact information and back-up contact information in case an emergency arises with a client.

Despite limited choices for supervisors on campus, asking other students/peers about their supervisory experience during practicum can be an invaluable source of information to help prepare for the supervisory experience.

Questions to consider asking your classmates:

- ❖ Was the supervisor easy to interact with?
- ❖ Did he or she make you feel comfortable?
- ❖ How accessible was he or she? Did you feel like you were imposing if you needed to consult between sessions?
- ❖ What is his or her style of feedback?
- ❖ Were comments ever destructive?

Ask about the best and worst supervision experiences. Positive answers will calm any nerves and give you confidence going into the supervisory process. Negative comments will help you interpret negative supervisor behavior and formulate professional responses.

The Supervisory Alliance

A good supervisory relationship offers warmth, respect, understanding, and trust, similar to establishing a positive working relationship with a client (Falender & Shafranske, 2004). A supervisory alliance results from the quality and nature of the relationship established between you and your supervisor. It is the context for which the responsibilities of clinical supervision are fulfilled through mutual collaboration, trust, and support.

The characteristics of quality supervisors include the ability to: a) build and sustain a supervisory alliance; b) communicate scientific findings or best practice techniques; c) teach; d) balance multiple roles occurring in supervision; e) evaluate; and f) foster and assess your development all while indirectly enhancing client care (Dispenser, 2013; Falender & Shafranske, 2004).

Be conscious that your supervisor's assessment of your skills and knowledge are impacted by your interactions in supervision. Supervisors expect supervisees to have several desirable traits including openness, interest, desire, motivation, initiative, dependability, curiosity, courage, and respect (Despenser, 2013; Falender & Shafranske, 2004). Your supervisor wants you to have the ability to verbally and nonverbally communicate ideas and feelings, empathy, a willingness to take risks, minimal defensiveness, self-awareness, receptivity to feedback, and the eagerness to develop, seek, and apply your professional skills.

A strong supervisory alliance is the requisite to quality supervision and is predicted by your willingness to disclose your work and realizations, multicultural awareness, and discuss difficult topics (Falender & Shafranske, 2004). You will learn to distinguish between supervision directives and suggestions. Be sure to ask if you need more guidance. If you feel you have inadequate knowledge, skills, and attitudes to attend to the directive, let your supervisor know.

Contracts, Feedback, and Evaluation

The supervisory alliance will form through the process of identifying training goals and outlining the means to achieve them (Falender & Shafranske, 2004). Ethically, your supervisor is responsible for establishing a supervision contract addressing several types of informed consent. Informed consent in supervision pertains to: client consent to treatment by a counselor-in-training who will share client information in the supervisory process; the established relationship between the supervisor and supervisee; and all organizational policies pertaining to clinical, ethical, and legal considerations. The contract outlines the purpose, goals, and objectives of supervision and guides client care. It is a mechanism for transparency, feedback criteria, and the evaluation process (Falender & Shafranske, 2004; Falender & Shafranske, 2012). Precise feedback and learning strategies can reinforce your strengths while continuing to enhance your clinical knowledge.

Your supervisor wants you to have a positive experience and be successful. The feedback and evaluation mechanism allows you and your supervisor to individualize your supervision experience. You

are an active participant in identifying the goals for supervision. Take the time to identify and discuss your training needs, growing edges to improve upon, and your preferred learning style. In addition, share your feedback about the supervision process.

Specific contract components include

- ❖ Agreed upon length of training
- ❖ Frequency and duration of supervision
- ❖ Location of training and supervision
- ❖ Theoretical orientation
- ❖ How you will be monitored
- ❖ Evaluation format
- ❖ Contingencies and how to handle emergencies
- ❖ Contact information if your supervisor is unavailable
- ❖ Procedures for cancellations and rescheduling of supervision
- ❖ Record-keeping policies
- ❖ Expectations regarding personal factors such as countertransference, conflict, disagreements, and supervisory strains or ruptures
- ❖ Various entities' procedures, laws, codes, and policies with which you are required to comply.

(Falender & Shafranske, 2004; Falender & Shafranske, 2012)

Note: Identify the code of ethics your supervisor practices under. If they are a different specialty than the code you follow be sure to discuss mechanisms to handle potential differences.

Contract Goals

Your goals will change over the course of your supervision experience. Most likely, they will align with your developmental

stage of becoming an effective counselor (Falender & Shafranske, 2012; McNeill, Stoltenberg, & Romans, 1992). In Level I, your goals are directed towards developing the eight basic counseling skills (i.e. attending, empathizing, paraphrasing, open and close-ended questions, confrontation, clarification, and summarization). You will also want to work towards calming yourself and becoming more present with your client. In Level II you will strive to work with client affect. You will notice patterns in behavior, thoughts, and emotions. Gentle confrontation skills will develop as you practice challenging the discrepancies you observe. You will strive to work in the here-and-now. Level III is a time to hone and refine your work as a counselor. You are comfortable working in the here-and-now, you have case conceptualization skills, and you have acquired a basic toolbox of skills and interventions.

Boundaries and Multiple Roles

You and your supervisor will likely be involved in a range of activities together. Due to Alaska's small population, establishing roles and boundaries within the supervisory relationship presents an important consideration in terms of establishing an effective training experience (Trimble & King, 2014). You and your supervisor should be aware of the differences between supervision, teaching, and therapy. In some cases, complex ethical dilemmas arise when managing dual relationships or multiple roles. For example, your supervisor may be your professor and your supervisor. He or she may teach you in the classroom and be your supervisor for practicum. He or she may be an esteemed colleague, a collaborator on a research project, and your on-site administrative supervisor. As a result, it may be confusing as to which boundaries are appropriate.

Bring confusing situations to supervision. Your contract and informed consent document can help clarify and guide emerging situations (Falender & Shafranske, 2012).

Multicultural Supervision

You, your client, and your supervisor will each have different cultural values, assumptions, and world views (Azar, 2010; Pillay, 2013). These

three perspectives are present and will influence how you interact with each other. Your awareness, knowledge, and appreciation of individual points-of-view will contribute to your competency as a mental health professional. Supervision is the proper environment in which to examine biases and prejudices you encounter (Falender & Shafranske, 2012). Ideally, you and your supervisor will identify areas of diversity among the three of you. Your supervisor can assist you in effectively working with particular clients and model respectful and culturally competent treatments.

Not surprisingly, supervisor-supervisee relationships involving similar stages of cultural identity are associated with stronger supervisory alliances (Pillay, 2013). That is, if both the supervisor and supervisee have similar personal cultural awareness, privileges, and attitudes, it is likely that a strong supervisory alliance will form.

However, similar to the working relationship, worldviews may clash. Supervisors may appear dismissive of your client's diversity and suggest assessment and interventions that are culturally inappropriate. As a newly trained professional, you may find yourself initiating discussions about the multicultural considerations. These discussions may feel uncomfortable given the power differential between you and your supervisor. Remember that stating your beliefs regarding the importance culture plays in quality care is a simple place to start.

Supervisors should help build your multicultural competency by exploring and identifying cultural factors relevant to your work (Falender & Shafranske, 2004; Falender & Shafranske, 2012). Enhancing your self-knowledge includes understanding historical and current cultural circumstances (Azar, 2010; Toporek, Ortega-Villalobos, & Pope-Davis, 2004; Trimble & King, 2014). As you gain awareness, your supervisor's support helps resolve the conflict when your values differ from your client or your client's treatment plan. Together, your ability to explore and critically think about dilemmas as they emerge will enhance your cultural identity development and culturally competent practice.

Cultural Self-Reflection Activity (adapted from Falender & Shafranske, 2012)

Self-knowledge is essential to being a competent multicultural professional. This activity will identify your basic cultural components.

Later you may want to refer back to your list and identify the cultural characteristics of your supervisor and/or client. Compare and contrast those you share and those that are different.

	You	Supervisor	Client
Age	_____	_____	_____
Gender	_____	_____	_____
Gender identity	_____	_____	_____
Language	_____	_____	_____
National origin	_____	_____	_____
Ethnicity	_____	_____	_____
Religion/Spirituality	_____	_____	_____
Sexual orientation	_____	_____	_____
Disability/ableness	_____	_____	_____
Socioeconomic status	_____	_____	_____
Migration status	_____	_____	_____
Acculturation	_____	_____	_____
Rural/Urban	_____	_____	_____
Education level	_____	_____	_____

Advanced exercise: Reflect on any specific cultural dimensions that resulted in privilege for you in particular settings.

Multicultural considerations pertaining specifically to Alaska include understanding the history and trauma experienced by Alaska Native people, acculturation, and healing practices, spirituality, and traditionalism (Trimble & King, 2014). Oppression, racism, and mistreatment have occurred and affected Alaska's Native population, as well as the supervisory and working alliances including Alaska Native people (Trimble & King, 2014). Supervisors can encourage your exploration of difficult topics surrounding interactions with Alaska Native clients especially if you are experiencing paralysis of thought, emotion, or behavior when encountering cultural differences between you and a client.

Developmental Stages

Numerous theoretical models of supervision exist. The Integrated Developmental Model (IDM) proposes structures that track your development throughout the supervisory process (McNeill et al., 1992). As you proceed through the counseling program and supervision you will notice changes in the IDM's three structures of development: 1) self and others, 2) motivation, and 3) dependency and autonomy. The IDM aligns well with the UAF SOE Counseling Program's three stages you progress through—practicum, internship, and early career. Throughout each stage of the program, the supervision environment and instruction is tailored to accommodate your level of development in regards to the model's three structures.

In the first stage, practicum, you have very limited experience and knowledge of your role as a mental health professional. It is unfamiliar to you. You will lean on your supervisor for advice and direction. You are hypersensitive and hyperaware of your behavior and anxiety when with clients. Most likely, you will be paying little attention to your client in the beginning stages of this process. That said, you are highly motivated to become effective in your work even while lacking the experience to understand the role and process of counseling. As a result, evaluation and feedback can at times be difficult to receive.

In stage two, internship, your focus has shifted from yourself to the client. With more clinical experience you have greater confidence and self-efficacy. The developmental shift and increased focus on

the client also results in more empathy. Know that it is common to feel confused or experience emotional turmoil because you want to be seen as an independent decision maker who can evaluate one's work. Conflict exists as you struggle between dependency on your supervisor and autonomy.

During the third stage, graduated and employed, you are functioning more independently and again have more confidence. You have a balanced focus on self and others, both in supervision and in clinical sessions. Again you are motivated because of an increased comprehension of the counseling process and its complexities. Your personal counseling style emerges as you feel a sense of commitment to the profession and service to your clients.

Similarly, supervisors experience developmental shifts as they transition from clinicians to supervisors (Falender, 2007). Initially, they want to take copious notes on your conceptualization of the client. They come prepared with suggested treatment plans to tell the supervisee what to do. In short, it is a unidirectional relationship and as a result the supervisee may leave supervision sessions feeling overwhelmed or inadequate.

Another way supervisors may relate to you, as the supervisee, is to treat you like a client. This is not supervision and they are not tending to your skill development. In both cases, it is difficult to discuss these circumstances in supervision, in part due to the power differential that is implicit in the relationship (Falender, 2007).

An effective, mature supervisor will give credence to the bidirectional relationship that can exist in supervision. This is an environment where the supervisor and supervisee can both learn from each other. Supervisors strategize how they, as educators, can give priority to your developmental needs while encouraging you to effectively use supervision as you build experience and confidence.

Level 1 – Practicum

The Basic Building Blocks

As a graduate student entering practicum you are excited, a bit nervous, and maybe a little scared to meet your first client. You want to do it right. You do not want to harm someone. And you hope your nerves are not mistaken for incompetence. But here is a secret—there is no “right” in counseling. As long as you are not breaking the law or violating ethical codes you have the capacity to do the best you can. You are allowed to tell your supervisor if you do not understand, even if it feels difficult. Be mindful that your attitude when conveying information to your supervisor is important. Use a respectful, non-confrontational reflection on your level of training and experience and you will be successful.

Like your client, you will feel pressure in counseling and supervision sessions. Furthermore, you will be doing your clinical work while being evaluated. Supervisors understand this pressure and the demands felt as a beginning professional. They will be surprised, if not concerned, if you never report stressors. Remember, your supervisor is a resource to help you navigate the frustrations, reactions, or feelings of impasse as you begin working with clients.

You are in practicum and supervision in order to develop your eight basic counseling skills of attending, confronting, asking open- and closed-ended questions, empathizing, clarifying, paraphrasing, and summarizing. You will practice, observe, discuss, and refine your listening, verbal and nonverbal communication skills. As communication skills become second nature to you, a true dialogue will begin between you and your client. Neither of you will know exactly what the outcome will look like, but ultimately your responses should connect with the clients’ remarks to help them find their own answers.

Similarly, you will learn to attune to your clients’ needs. You will practice unconditional positive regard, accurate empathy, and genuineness to help the client. You will learn when a client needs to be confronted and how you can show empathy.

It is common to feel self-conscious during practicum. You have numerous components you are working on simultaneously. In addition to skill development, you are reviewing sessions, transcribing, writing in your self-awareness journal, and learning how to write professional reports and documenting services. You are attending class/group supervision and individual supervision sessions with your supervisor. Eventually, you will remember there is a client with you. You will notice a shift between being self-focused to being client-focused. You will notice that you are aware of his or her affect. As a counselor, you will learn to work with affect and emotion. You will learn how to help clients identify, experience, and express emotions through helpful strategies.

Preparation for Supervision Sessions

Arrive to your supervision meeting on time with a tentative agenda and a few notes. Identify and state what you want to get out of the session. Your supervisor may supply a preparation worksheet to complete before supervision sessions. Additionally, you may be assigned or consider writing in a self-awareness journal.

In the beginning you may want to tell your supervisor everything! Similar to the counseling process, you will have surprises, challenges, joy, creativity, and sometimes frustration and conflict in supervision. It is all part of the process. Over time you will learn to prioritize and select essential details.

Here are a few ideas to prompt discussion topics for supervision.

- ❖ Focus on important client information, especially risk and ethical concerns.
- ❖ Be open about your own feelings.
- ❖ What I want from you is...
- ❖ I want some ideas for engaging with this client...
- ❖ Notice how the client makes you feel.
- ❖ Consider how honest you can be with your client.
- ❖ Prepare to discuss if you find your client likeable or not.

Reviewing session recordings and taking notes are part of the basic process to prepare for supervision (Hura, Yamokoski-Maynhart, & Prieto, 2008). Note the specific recording times you would like to review, address, and discuss. Specifically reflect on moments when you experienced a particular affect, felt uncomfortable, or acted differently than your usual style of practice.

Additionally, reviewing recordings with your supervisor can help you identify reactivity and how your individual characteristics influenced interactions with your clients (Hura et al., 2008). You may be asked to describe how you were feeling or what you were thinking at specific times during the session.

Metacompetence is having the ability to assess what you know and what you do not know. It plays a pivotal role in your professional development and is a skill that you will develop over the course of supervision (Falender & Shafranske, 2012). Increased self-awareness will help you identify what triggers reactivity or countertransference.

Mindfulness Self-Reflection Activity

It takes practice to become self-aware of your growing edges, a term used to describe the areas you need to improve upon. Reflecting on a notable feeling or behavior you remember from a client session can increase your self-awareness and prepare you for items you want to explore in supervision. Identify a time on a recording session to reflect upon. Quietly recall the instance and visualize it. Resist the temptation to quickly and intellectually “figure it out.” Instead allow thoughts and feelings to emerge with curiosity and acceptance. Then write down a few personal notes. Consider theoretical interpretations of what was occurring.

Soft Spots and Countertransference

When reactivity or countertransference occur, ask yourself 1) What is going on? 2) Where are these reactions coming from? Reactivity indicates that you are disengaged from your client's needs. On the other hand, giving an empathetic, thoughtful response is an attentive service to the client. As an example, spontaneous self-disclosure often suggests you are reacting rather than responding.

Reactions may come from unresolved conflicts or reflect relationships with significant others (Pearson, 2004). Either way, reactions are a response to the client's personality and behavior. It is your responsibility to commit to a self-discovery process to reduce reactivity and countertransference, both of which can pose a threat to the working alliance.

Supervision offers you the opportunity to explore the difference between self-disclosure, reactivity, and countertransference (Falender & Shafranske, 2012). Supervisors have the responsibility to help you develop awareness of your inner emotional experience. Supervisors will have ideas of how to manage reactivity and countertransference and these suggestions may vary from supervisor to supervisor. While addressing countertransference in supervision, supervisors must maintain the role of supervisor and not slip into the role of a therapist (Ponton & Sauerheber, 2014).

To address your reactions and countertransference, explore the material discussed in session, your feelings, and the pressures you felt. Supervisors may suggest clinical theories, examples of their own experience, or scientific findings to help you better understand and encourage the integration of all that is happening to facilitate your understanding of the human experience.

Reactivity and countertransference are common and are not failures. They are information that invite the opportunity to learn about personal factors that could affect other working relationships or provide the client insight if addressed gently and authentically.

Ineffective Supervision

Most likely, you have had teachers or coaches you liked but whom were ineffective at teaching or coaching. You may be an auditory learner, while the teacher focused lesson plans on experiential learning. Similarly, ineffective supervisors do exist.

Power Differential Self-Reflection Activity (adapted from Falender & Shafranske, 2012)

To speculate about your approach to addressing your needs with a person in a position of power, recall a time when you wanted help from a professor, athletic coach, or counselor. Did you specifically state your goals to your mentor? Did your goals change over time? Did you feel like your goals were understood? How did you know you were understood?

Ineffective supervision examples

- ❖ Your supervisor is regularly 30 minutes late for your 50-minute supervision meeting.
- ❖ Your supervisor is concerned with your grammar, spelling, and punctuation on your case notes but seems disinterested in your client's progress.
- ❖ Your supervisor suggests interventions, which you consider culturally insensitive.

Why might your supervisor be ineffective or have a difficult time providing effective supervision? Supervisors can be challenged by time limits and competencies. In Alaska, frequent turnover and vacant positions require existing counselors to assume leadership positions early on in their careers. Some may not have the appropriate credentials, experience, coursework, or competency to offer quality clinical supervision.

If you are receiving ineffective or inadequate supervision, address it with your supervisor first. Alternatively, it can be helpful

to seek advice from a trusted faculty member or check with your peers to see if they too are having similar experiences in supervision. Discussing your supervision experience with your peers will help determine if your experience is specific to you or being experienced by others as well. If it is specific to you, begin to reflect on your contributions to the situation and suggest concrete recommendations to improve supervision.

If ineffective supervision is not specific to your experience, identify the inadequacies. Identify what is missing to ensure client welfare and clinical training. Discuss the situation with a trusted faculty member. He or she can help you consider the appropriate means to address the problems and provide feedback as to how to improve the situation.

Consider your emotional reactions or concerns that may arise when you discuss these issues with your supervisor. It is common to have concerns about potential fallouts (e.g. receiving a poor evaluation) and anxiety about how training will proceed after the problems are in the open.

Common experiences in tough situations may cause you to “get cold feet,” want to minimize problems, and “give it more time” before acting. Remember that ineffective supervision compromises your training and your client’s well-being. You will most likely find support when you act in the client’s best interest.

Fortunately, it is rare that extreme steps need to be taken. Still it is important that you understand the existence of ineffective supervision and the appropriate courses of action. Directors of clinical training and administrators are aware of the difficulties you face. They are invested in your success, client well-being, and usually have the expertise to address training problems.

In the case of negligent or harmful supervision:

1. If you feel safe, address it with your supervisor.
2. Bring it to other faculty committee member’s attention.
3. With guidance from other faculty or appropriate administrators, bring the situation to university officials and senior administrators.
4. If necessary, bring the case to the state licensing board and/or file a complaint according to the association’s ethical violations procedures.

Level 2 – Internship

Piecing the Puzzle Together

Your practicum has prepared you to make effective use of your internship. You have the foundational counseling skills along with a theoretical research oriented knowledge base. Now it is time to begin conceptualization with your internship caseload and continue to hone your basic skills.

Counseling and supervision require actively collaborating to find solutions for the client problems rather than using one of the few familiar interventions. The heart of the profession is to connect deeply with clients and help them improve. The counseling and supervisory relationship are each dependent on two people working together. You are learning from your supervisor while your supervisor is also learning from you. As a supervisory alliance develops it has the chance to transform to a mentor-like relationship, offering you increased support, empowerment, authenticity, and reciprocity (Johnson, Skinner, & Kaslow, 2014). It can become more independent and egalitarian.

The internship will provide you multiple counseling experiences in which you can develop a system to work through the steps of the process. Case conceptualization involves clinical skills and a process that parallels the scientific method learned in junior high school. You observe and gather information to identify the presenting problem, precipitating event, predisposing factors, perpetuating factors, and protective factors. You make a diagnosis, set goals, develop a treatment plan, evaluate, and revise as necessary. Information you are collecting and synthesizing during this work includes individual diversity and multicultural context, client strengths and protective factors, and markers of progress.

Your client is seeking counseling because she or he is in some stage of crisis. He or she has reached a time in which one cannot see a way to address the problem alone and wants your help. Your job is to normalize negative feelings without minimizing them.

Case conceptualization serves the client by your understanding the context and background of the problem through a theoretical lens to address it. It serves you by providing a framework to identify, suggest, and conduct treatment tailored to the individual client's needs. Essentially, you are learning to integrate the large amounts of information into a coherent plan.

During internship your focus will shift from looking for the right solution to seeing all that is possible! You begin to see the relationship with your clients as a change agent. You build confidence with each client you serve, taking appropriate risks and effectively utilizing creativity in your work. You build your library of resources to present client appropriate psychoeducation materials, referrals, and community resources.

Case Conceptualization Self-Reflection Activity (adapted from Falender & Shafranske, 2012)

To gain additional practice outside of the here-and-now that occurs in client sessions, reflect on a current case and identify the process involved with case conceptualization (data gathering, problem identification, client strengths and protective factors, theoretical formulation, goal setting, treatment planning, and markers of progress). Which of the areas came easy? Which areas are you proficient in? Which tasks, in retrospect, are your growing edges and therefore would be worth revisiting?

While the steps to case conceptualization are linear you will learn to adapt them as each individual session unfolds. Even as you are processing through the steps, you will learn to remain emotionally and empathetically engaged while your clients share their story, in their words, and at their pace. You will begin to better facilitate the affective experience and expression during the sessions with

clients. Then you will be able to label it and work along side clients with their emotion. You will develop the skills necessary to balance these demands over the course of time.

Theories guide understanding of what is happening in a given moment. As an intern, supervision is your chance to polish your interview skills; distinguish between data, observations, and inferences; identify and challenge assumptions; and conceptualize cases while integrating evidence-based treatments into your work. Supervisors can be the conduit through which you examine the theoretical framework you use to treatment plan, employ interventions, and process case conceptualization. Feedback from your supervisor will help you work with the client's affect, theoretical application, and interventions.

Theoretical Orientation Self-Reflection Activity (adapted from Falender & Shafranske, 2012)

Take a few moments to further explore and develop your preferred theoretical orientation. How did you decide to favor this theory? What characteristics do you like? What are its limitations? How does your theoretical framework influence your data gathering? How do you plan to tailor interventions and techniques to align with the client's culture and presenting problem?

Is everything you tell your supervisor confidential?

It depends. Your supervisor is responsible to several entities—your client, training site policies, the licensing board, the academic institution, state statutes, and ethical codes. Thus, the role your supervisor is fulfilling is important. They are not your counselor, but they are offering you guidance through sensitive areas. The issue of confidentiality is mainly pertinent when the supervisee is not meeting performance expectations. In this case, the supervisor is ethically and legally required to act to correct a situation.

Your relationship with your client and supervisor is also driven by your values. Values play a critical role in the helping process when they are expressed concretely through the alliances. They help you make decisions on how to proceed. Therefore, reviewing your values either through personal work, self-reflection, or in supervision is essential to becoming an effective counselor. Major values important to our profession are respect, empathy, appreciation for cultural diversity, self-responsibility, and a bias toward action.

Preparation for Supervision Sessions

During internship and early in your career, supervision focuses on case management and then further development of skills. You will find it difficult to manage all the demands on your time with the amount of work you have to complete. Case conceptualization, and your ability to present your cases, are important to your supervisor. They provide the supervisor with the understanding of your clients, in addition managing their own client care and the care of other supervisees.

Communicate client data accurately without adding inferences, interpretations, or explanations. Your supervisor needs facts and data. You are his or her eyes and ears for the case. Be sure to distinguish between your observations, the client's self-report, and theory. You should proactively seek feedback. Engage in forethought. Reflect on potential improvements before next session.

Ethical, Legal, and Regulatory Considerations

You are now familiar with and are a member of at least one of the field's specialty associations. You know the association's code of

Technology

Emerging ethical issues include the use of cell phones, email, social media, and technology to communicate with clients or your supervisor. You run the risk of breaching confidentiality due to security and lack of privacy. Establish accepted practices and boundaries with your client and supervisor in regards to technology. Also refer to your internship, employer, or academic institution's policies regarding technological forms of communication.

ethics. You know there are state statutes that govern the mental health work in Alaska.

Still it has been reported that what *should* be done is not always what *would* be done (Falender & Shafranske, 2012). It is easier to scrutinize others’ ethics than reflect on personal decisions and behaviors. It is also easier to question personal areas of uncertainty, rather than in the areas in which you are confident. When an ethically ambiguous situation arises, consider the worst-case scenario that could result from a particular action to help make a decision.

Ethical Self-Reflection Activity (adapted from Falender & Shafranske, 2012)

Although challenging, reflect on your ethical tendencies. Consider any personal or work ethical issue you have encountered. How did you address it? Reflect on the professional and personal principles that guided you.

Practice using the field’s Ethical Decision Making Model

- 1. Identify the problem.
- 2. Apply the ACA Code of Ethics.
- 3. Determine the nature of the dilemma.
- 4. Generate potential courses of action.
- 5. Consider the potential consequences. Choose a course of action.
- 6. Evaluate the selected course of action.
- 7. Implement the course of action.

Again take some time to reflect on multiple roles and boundaries given the small Alaskan community. There are boundary crossings and, more serious, boundary violations. Boundary crossings are departures from commonly accepted ethical practices that may or may not benefit the client/supervisee. Hugs, gifts, and attending social events are examples of boundary crossings you will have to navigate. Boundary violations are deviations from accepted practices that put the client, you, or the counseling profession at serious risk. In supervision, boundary violations are heightened due to the power differential between your client, you, and your supervisor. (Refer to the steps on page 18 if you experience a boundary violation with your supervisor.)

Boundary Self-Reflection Activity (adapted from Falender & Shafranske, 2012)

To better prepare you for when boundary crossings occur, practice how you would handle each scenario below. Identify the feelings evoked by each of them. How would you proceed with your supervisor in each case?

Your supervisor asks you to buy a fundraiser item for her child’s school.

Feeling: _____

I would _____

She suggests you take notes for her during a group session co-led by the two of you.

Feeling: _____

I would _____

She asks you to housesit while her and her family are on vacation.

Feeling: _____

I would _____

She requests your help writing a grant proposal.

Feeling: _____

I would _____

She gives you a gift at the end of your series of supervision.

Feeling: _____

I would _____

Summarize any conclusions resulting from this exercise.

Multicultural Supervision

Culture is shared beliefs and assumptions that interact with shared values that produce shared norms that drive patterns of behavior. While each person has their individual cultural identity, they share different characteristics with different groups of people and identify more with some groups of people and less with others. Specific to the mental health profession, be aware of how cultural groups may understand and deal with mental illness differently; it will affect your client's predisposition towards help-seeking behavior.

Additionally, your supervisor's culture may be different from you or your client (Azar, 2010; Pillay, 2013). The strength of your supervisory alliance can be influenced by frequency and depth of cultural discussions because such conversations contribute to professional growth, validation, and increased safety and trust (Toporek et al., 2004). With cultural development and awareness being a recent component to counseling education programs, keep in mind there is a chance you may have more cultural training than your supervisor (Toporek et al., 2004).

Understanding your cultural identity, and your client's cultural identity as well, will help you become a competent multicultural professional. While discussions of privilege and oppression are rare in supervision, it provides the environment to safely explore these factors potentially contributing to misunderstandings.

Cultural Self-Reflection Activity (adapted from Bieschke, Blasko, & Woodhouse, 2014; Falender & Shafranske, 2012)

You will develop your cultural sensitivity and with practice be able to notice and help others explore where they are on their own path of cultural identity development. Recall your multicultural counseling class and consider your stage of personal ethnic identity development. Think through the same stages with respect to your client and/or supervisor. Compare and contrast the similarities and differences. Sue and Sue's (2008) cultural development models are featured below.

White or Majority Identity Development Model (use if you are part of the majority culture)

- Stage 1. Awareness of personal identity based on a specific ethnicity with one's own cultural context.
- Stage 2. Awareness of privileges connected to one's ethnic identity as well as stereotypes, prejudices, and previous conditioning.
- Stage 3. Awareness of how the majority culture's attitudes affect other cultures.
- Stage 4. Awareness of and working through fear and/or anger, building one's own cultural persona, and exposing oneself to other cultural experiences.
- Stage 5. Integrating one's white privilege as part of one's personal identity.

Cultural Minority Identity Development Model (use if you are part of a minority culture)

- Stage 1. Conformity. One exhibits a preference for the dominant cultural values over one's own cultural values.
- Stage 2. Dissonance. An experience causes one to begin questioning beliefs and attitudes held during the conformity stage.
- Stage 3. Resistance. One begins to endorse the minority-held beliefs and rejects the dominant cultural beliefs. A person likely feels anger, guilt, or shame for the oppression and racism endured until this shift.

- Stage 4. Introspection. One devotes energy toward understanding, on a deeper level, what it means for himself or herself to be part of a minority group.
- Stage 5. Integrated awareness. One has a sense of security and the ability to appreciate positive aspects of both his or her own culture and the dominant culture.
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Understanding where you and your supervisor are in terms of racial or ethnic identity development may address dynamics occurring in the supervisory alliance (Pillay, 2013). Specifically in the United States and Alaska, cultural development is a sociopolitical construct influenced by power and dominance (Pillay, 2013). Actively exploring culture, race, and ethnicity as it influences supervision is beneficial to you, your client, and your supervisor.

Religion and spirituality are worth exploring as you bring yourself into your professional framework. Both are also useful in counseling sessions when determining goals and treatment plans. Supervisees

Parallel process

Strains in a supervisory alliance can manifest through a phenomenon called parallel process. The parallel process is a working relationship schema that is repeated in the supervisory relationship. It can specifically appear as the dysfunctional way a client relates to a significant other that is repeated in therapy and then emerges in the supervisory relationship. Parallel processes can be identified through supervisee metacommunication or a supervisor who can identify the occurrence and address it. Successfully addressing strains on the supervisory relationship provide the chance for growth and strengthen the relationship. Remember, everything you do, including your work in supervision, affects the client and the working alliance.

must be able to work with a broad range of ethnic and cultural viewpoints, including those who are a challenge to your personal belief systems (Bieschke et al., 2014).

Cultural Self-Reflection Activity (adapted from Falender & Shafranske, 2012)

To build your self-awareness and clarify your personal values consider your training and religious upbringing. Take a few moments to explore how you have and will integrate religion and/or spirituality into your work and supervision. How will you determine its compatibility with your clients' religious and spiritual beliefs?

Working and Supervisory Alliance Strains

You are already aware how strains in the working relationship can put pressure on the working alliance. A breach can occur if a clinician misinterprets a client's readiness for change, willingness to participate in treatment efforts, acts culturally insensitive, or imposes a value judgment on the client based on behavior. Pressure on the working relationship can lead to strains in the working alliance; the same is true for strains in the supervisory relationship and alliance.

Given the circumstances of the therapeutic process, it is natural for all parties to feel strains, misalignments, and even ruptures. Your supervisor can help normalize the experience when they occur. Your supervisor can be empathetic, offer support and guidance, and give you tools to identify, address, and repair conflict. The goal is to help teach you to shift from a reactive state to an empathetically responsive state.

Supervisors will help you develop skills to understand and resolve working alliance strains. You will learn to navigate strains through viewing recordings, self-reflection exercises, accepting

the circumstances surrounding the strain, and interventions and role plays. Treatment and healing occur as much through resolving difficult alliance strains as through work done in a strong working alliance. Chances are, working through the strain will strengthen the alliance with your client.

While most supervisors make a conscious effort to maintain the supervisory alliance, strains in this relationship are also inevitable. Strains can occur when expectations are misaligned, learning styles are out of sync, or there are personality conflicts. If a supervisor consistently rejects, corrects, criticizes, or belittles your work, you cannot help but be affected. Successfully addressing strains on the supervisory alliance provide the chance for growth and strengthen the relationship.

Three steps to cope with strains and ruptures in alliances

1. **Identify the strain.** You will notice the strain. You will see subtle changes in your client's engagement including withdrawal, less disclosures, missing sessions, etc. Once the strain is identified, draw on your self-awareness and your ability to tolerate negative emotions and empathetic understanding. Decide if it is appropriate to address the strain. It may be helpful to discuss the strain with your supervisor to identify possible explanations for what is happening. The supervisor can be helpful in determining if you should address it or if you can make adjustments in your own behavior that might have contributed to the strain.
2. **Mutually explore the strain or rupture.** If you decide to address the strain, you may simply initiate a discussion with the client (or supervisor) by asking him or her to share observations of the behavior or emotion. Be conscious not to criticize. A client may deny the strain or rupture. Be willing to acknowledge your contribution to the strain, apologize if appropriate, and of course, validate the client's experience.
3. **Recommit or revise the goals.** Now that both you and your client/supervisor have benefited from working through the experience together you can get back to the working on the tasks of therapy/supervision.

Just as it is important for the supervisor to appreciate the pressure you feel being a supervisee it is helpful if you remember that your supervisor is juggling a variety of responsibilities. You can strive to solve problems effectively with an increased understanding of the demands on your supervisor and developing your skills to recognize and address problems as they occur. Your supervisor is responsible for you, the client, the academic program and institution, and the profession. Furthermore, there may be large or demanding caseloads, specifically if there is concern about a client's safety or counseling impasses. In all cases, there are challenges, frustrations, and worries that accompany both parties in the supervisory alliance.

Level 3 – Early Career Professional

Finding Your Authentic and Creative Identity

After your internship and practicum experience, you are well on your way and gaining forward momentum in your professional career! You are developing who you are as a mental health professional. You have put your tools in your toolbox and are ready to get to work. You begin to use who you are as a person in your career to work with others.

All counselors have personal traits that will help and hinder clients' work. There is an interplay between your counseling skills and your personal qualities and traits. Over the course of supervision, you will learn to blend the two. As a result, the science part of the profession will facilitate the artistic development of your career.

Your professional framework develops more now that you are employed in the profession. You know how to best use your strengths and recognize your growing edges to expand your comfort zone. Continuing education classes, hours, and certificates strengthen your competencies. You will be familiar with reviewing literature and best practices and know how to apply it. Effective counselors use a combination of theories, skills, and techniques tailored to the kind of relationship that is appropriate for each individual client. At the same time you remain yourself while you employ these strategies.

Refining Affect and Emotion Skills

Feelings are universal to the human condition. We can all understand and empathize with the human condition despite knowing that feelings manifest differently in each of us. Over time you will be able to help your clients be aware of and regulate their emotions too.

When working with affect and emotion you will begin to experiment with body sensations and feelings. You will learn to help clients identify where in their body they experience the emotions. You will explore techniques in session and with your supervisor to calm automatic physiological responses.

You will learn skills to address instances when clients lose control and become overwhelmed by their emotions. You will be exposed to clients experiencing anger, depression, and other strong emotions. In some instances you will be called to help a client manage feelings of panic and strong anxiety reactions.

If a client is showing extreme emotion, sometimes the appropriate response will simply be to remain present with them. The nonverbal skills you practice will be effective in these times. You can refine your nonverbal attending and empathy skills as you learn to stay present with the client's affect.

Supervision in the Workforce

Supervision will still be useful in the workforce as a skill developing and restorative process. It may look different depending on your profession. It can take place in a peer group, an organizational setting, or even a paid consultation.

In Alaska, there is a chance that supervision will be conducted remotely in rural areas. Videoconferencing, teleconferences, and email may all be means of communication with your supervisor (Rousmaniere, Abbass, & Frederickson, 2014). Telecommunication is an option for remote locations, provided it meets your needs while remaining sensitive to professional, ethical, and legal considerations (Wood, Miller, & Hargrove, 2005).

You may have a supervisor whom you are working under while building hours towards licensure. You may have a different

administrative supervisor to whom you report. If you are a school counselor, you will not be working under a clinical supervisor but will need to establish a peer network for support.

Peer supervision, ongoing formal meetings with one or more peer colleagues for the purpose of enhancing professional skills, may be useful for all counselors (Watcher, Barrio Minton, & Clemens, 2008; Wilkerson, 2006). It can enhance self-awareness and of course provides a forum in which clinicians benefit from learning about each others' strategies. Through regular meeting times, defined roles and relationships, and feedback, peer supervision can decrease work stress and enhance career satisfaction. Additionally, peer supervision can address crisis-specific supervision within the school district following the same policies, accessing the same resources, and preparing or experiencing similar crises. Knowledge and skills can be shared amongst group members, building the knowledge base to address similar district challenges.

Peer supervision differs from clinical supervision in that it lacks a hierarchical relationship between participants. These differences may suggest that peer supervision is relaxed, informal, and feels less threatening. However, peer supervision provides structure, goal setting, and evaluation to enhance skill development (Wilkerson, 2006).

Be cognizant of ethical and legal violations of transferring client information. Rousmaniere et al. (2014) has identified these HIPAA compatible cloud file-storage and transfer services.

- ❖ www.mydocsonline.com
- ❖ www.egnyte.com
- ❖ www.onramp.com
- ❖ www.braveriver.com
- ❖ www.box.com

Professional Risk Factors

Counseling asks you to provide empathy to others, which can lend oneself vulnerable to burnout, vicarious trauma, compassion fatigue, and other impairments (Harrison & Westwood, 2009). Learning and employing self-care techniques allows you to continue to serve clients and the profession. Maintaining the ability to connect with others, means less likelihood to make clinical errors and violate boundaries. The path to self-care begins with recognizing warning signs rather than being ashamed of having them.

Vicarious trauma

Developing problems due to the exposure to clients' trauma can occur in the field. Vicarious trauma (VT) can result from repeatedly hearing the traumatic experiences of others (Harrison & Westwood, 2009).

Symptoms of vicarious trauma typically have a rapid onset after a particular event and can include feeling afraid, difficulty sleeping, disrupting images, and avoiding things that remind you of an event. Identifying these instances and discussing them with a supervisor, colleague, or counselor is recommended.

Compassion fatigue

Compassion fatigue (CF) is experienced when clinicians are exposed to others' suffering and unable to rescue them from their pain (Shallcross, 2011). Common feelings associated with CF include depletion, anxiety, depression, resentment, or withdrawal. It is a serious problem to recognize since CF has a negative impact on the client. When counselors experience CF the tendency is to deny the client's experiences, over diagnose and pathologize clients, and become ineffective (Harrison & Westwood, 2009). Seek out a peer supervision network when clinical supervision is unavailable.

Burnout

The negative feelings associated with burnout typically have a gradual onset. Physical and mental warning signs of burnout include feeling irritated about clients, experiencing little energy,

having a negative view of the world, and losing your sense of humor. It is characterized by a slow degradation of your ability to empathize with clients over time (Shallcross, 2011). They can reflect feelings of hopelessness, insignificance, and difficulties in doing your job effectively. They can be associated with high workload or lack of a supportive work environment. Burnout can be exacerbated by the nature of work and workplace. Sometimes simply modifying the work environment around you can improve the negative experiences of burnout (Shallcross, 2011).

Prevention

Many counselors do not seek supervision after internship. However supervision is the place to learn the difference between emotional attachment and empathy. Learning the difference while in supervision decreases the risk of burnout, vicarious trauma, and compassion fatigue (Shallcross, 2011). It can be a place to practice recognizing VT, CF, and burnout symptoms. Later it is an environment to learn how to address the negative effects of them.

The Professional Quality of Life Scale (PROQOL) self-assessment survey can help you identify positive and negative experiences surrounding your current work situation and potential risk for suffering from burnout or secondary trauma. The survey can be found at no charge online at www.proqol.org.

Self-care

American culture is ingrained with the expectation to be independent and self-sufficient. Asking for help may imply weakness. Impediments to your quality work performance can include cultural perceptions, including the reluctance to seek and receive help.

Often those drawn to the mental health field are typically other-focused rather than self-focused. You may possess empathy, compassion, and forgiveness to others yet have high standards and expectations of yourself. You may think that you have been trained in mental health and should be able to heal yourself. Furthermore, you have done sufficient self-work and perhaps think further exploration is unnecessary.

A benefit of supervision is it reinforces commitment to self-care practices, such as maintaining social support, personal therapy, exercise, healthy eating, self-reflection, spiritual activities, and relaxation! Offering empathy, imperative to our profession, can also open us up to experience the clients' pain. Finding the balance between being emotionally attuned and available, while not becoming negatively affected is a balancing act. In all cases, supervisors can model or suggest means of self-care—and if he or she does not, initiate it for yourself.

Personal counseling is another self-care option. Personal work may even be necessary at times. Examples when counseling may be necessary include the death of a client, sexual transference, changing jobs, divorce, illness, passing of a family member, or any major life transition.

You can model healthy self-care techniques to your clients by creating and maintaining healthy boundaries. Remember to strive for balance in life; balance work and play, giving and receiving, and accomplishing versus doing nothing. You will also be surprised how basic healthy living strategies—eight hours of sleep, regular exercise, and a healthy diet—can help. Other sources of self-care include journaling and keeping up-to-date on recent literature in the field to understand new concepts or problems.

When isolated by geographic distance, such as common in Alaska, supervision and self-care are a bigger challenge. It is even more important to find a support system through formal supervision, peer supervision, or an informal network of mental health professionals. Technology can be a stopgap measure. You may consider participating in the online forums offered by the American Counseling Association or American School Counselors Association.

Terminating the Supervisory Relationship

One area not yet addressed is terminating a supervisory relationship. Ending the supervisory relationship is as important as establishing it. It can occur when you or your supervisor leave an organization, are promoted, or you get your license. If your supervisor is leaving appropriate transitions should be arranged. Your supervisor will be a model for how you will terminate

relationships with your clients. The final stage of your evaluative process should include a discussion of future challenges that you anticipate encountering. Your supervisor can help you identify the resources you have to resolve challenges.

Employment in Alaska

The State of Alaska recognizes professional counseling requires special knowledge, education, and training. Licensing governed by Alaska State Statutes assures that the professionals have met the education, experience, and examination requirements for professional practice. The intent of these laws is to protect the public by setting basic standards of education, training, experience, and professional competencies for those of us in the profession. Upon graduation you will be working towards your professional counseling license or school counselor certificate.

Professional Counselors in Alaska

To become a professional counselor in Alaska you will seek licensing as a Licensed Professional Counselor (LPC) through the Alaska Board of Professional Counselors. Alaska licenses mental health professionals as counselors based on education, test scores, and professional fitness.

You will need to complete

1. Six more counseling credits to reach the minimum of 60 master's level credit hours;
2. A background check and fingerprinting; and
3. An application for your LPC (application should be received by the board 90 days before the day you plan to take your licensure exam).

You will be required to practice 3,000 hours under supervision by a board-approved supervisor as part of your LPC application process. The supervised practice must take place during at least a two-year period. A minimum of 1,000 hours must be spent counseling clients. In addition, you must receive 100 hours of face-to-face supervision, with 50 of those in individual (not group) supervision. A request

can be made to the board to approve electronic or distance means of supervision if you are practicing in a remote rural location.

Complete and up-to-date information can be found at the State of Alaska's web site.

Board of Professional Counselors

<http://commerce.state.ak.us/dnn/cbpl/ProfessionalLicensing/ProfessionalCounselors.aspx>

Alaska Counseling Association

<http://alaskacounseling.org/index.php>

Statutes and Regulations Professional Counselors, May 2014

<http://commerce.state.ak.us/dnn/portals/5/pub/CounselorStatutes.pdf>

For additional LPC requirements in Alaska

<http://www.counselor-license.com>

Alaska School Counselors

Now that you have fulfilled your educational requirements established by the Alaska Department of Education and Early Development you are working towards your school counseling certificate.

You will need to complete

1. Three semester hours of "Alaska Studies" and three semester hours of "Cross-cultural Education" (courses completed in the past 5 years are applicable);
2. A background check and fingerprinting; and
3. Application for your Type C Special Service Certificate.

Complete and up-to-date information can be found at the State of Alaska's web site.

State of Alaska Department of Education and Early Development

<http://www.eed.state.ak.us/>

Certificate application

<http://www.eed.state.ak.us/TeacherCertification/ssp01.html>

Background check

<http://www.eed.state.ak.us/TeacherCertification/fingerprints.html>

More information about Alaska school counselors can be found at the Alaska School Counselor Association web site.

<http://www.alaskaschoolcounselor.org/>

For additional information on becoming a school counselor in the United States

www.school-counselor.org

Final thought

Remember the liability your supervisors took when they loaned you their license to practice? It entailed a lot of responsibility, trust, and risk. In Alaska, the reality is that you too will soon become a supervisor. Begin consideration of reciprocating the service and contribute to training the upcoming workforce.

Board approved supervisors must be licensed mental health practitioners (e.g. LPC, LCSW, LMFT etc.) with at least five years of counseling experience. Six supervision continuing education units must also be completed to be eligible to supervise.

The application and current information to become a board-approved supervisor can be found at <http://commerce.state.ak.us/dnn/cbpl/ProfessionalLicensing/ProfessionalCounselors/Supervision.aspx>

Post-test

Directions: Congratulations on completing the workbook and navigating the process of supervision. To see your growth through the supervision process complete this post-test, rating yourself from 1-7, and compare the answers to those you provided on your pre-test.

1 = Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree,
4 = Neutral, 5 = Somewhat Agree, 6 = Agree, 7 = Strongly Agree

- _____ I can identify the basic counseling skills.
- _____ I can articulate what I want and expect from the supervision process.
- _____ I am receptive to feedback.
- _____ I am comfortable addressing conflict.
- _____ I can clearly conceptualize and present cases to my supervisor.
- _____ I am aware of how my participation in supervision affects clients' work.
- _____ I am aware of my cultural identity and how it influences my work as a counselor.
- _____ I am aware of my strengths and the areas in which I need to grow.
- _____ I take the time necessary to restore myself when I am feeling drained.
- _____ I can see myself as a future supervisor.

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In May 2014, I responded to Dr. Valerie Gifford's inquiry seeking a student's help on a research project. I was looking for opportunities to expand my knowledge of counseling. I thought any outside the classroom experience would be beneficial. Her research topic was clinical supervision.

Reviewing the literature it became apparent I knew little about the supervision process, despite undergoing practicum my previous semester. I assumed could not be the only student unfamiliar with the process. So began my journey to understand and teach the pertinent aspects of supervision to other students and young clinicians. Thus I am thankful to Dr. Gifford for her direction, understanding, and support as I took on this project.

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